## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

**Application or Docket Number** 

018656-243

| CLAIMS AS FILED - PART I<br>(Column 1) (Column 2)   |  |   |                                  |                               |               |  |     | Small entity        |                        |    | OTHER THAN OR SMALL ENTITY |  |  |
|---|--|---|----------------------------------|-------------------------------|---------------|--|-----|---------------------|------------------------|----|----------------------------|--|--|
| TOTAL CLAIMS  |  |   |                                  |                               | _ (COIUI      | 1111 2)                                      | ור  |                     |                        | OR |                            |  |  |
|   |  |   | 12                               |                               |               |  |     | RATE                | FEE                    |    | RATE                       | FEE  |  |
| FOR   |  |   | NUMBER FILED                     |                               | NUMBER EXTRA  |  |     | BASIC FEE           | 355.00                 | OR | Basic Fee                  | · 710.00                                     |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | \ 2 minus 20=                    |                               | 0             |  |     | X\$ 9=              | SAL I                  | OR | X\$18=                     |  |  |
| INDEPENDENT CLAIMS  |  |   | <b>6</b> minus 3 =               |                               | 3             |  |     | X40=                |                        | OR | X80=                       | 240  |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT                           |                               |               |  |     | +135=               |                        | OR | +270=                      |  |  |
| * If  | the difference   | in column 1 is l                          | less than zero, enter "0" in col |                               |               | olumn 2                                      | L   | TOTAL               |                        | OR | TOTAL                      | 950  |  |
| Claims as amended - Part II   |  |   |                                  |                               |               |  |     |                     |                        |    | OTHER                      | 31   |  |
|   |  | (Column 1)                                | (Colur                           |                               |               | (Column 3)                                   | ۰ – | SMALL E             | MTITY                  | OR | SMALL                      | ENTITY                                       |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY  | PRESENT<br>EXTRA                             |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE                       |  |
|   | Total  | मे  | Minus                            | ±±                            |               | =  |     | X\$ 9=              |                        | OR | X\$18=                     |  |  |
| AME   | Independent  | *   | Minus                            |                               |               | =  |     | X40=                |                        | OR | X80=                       |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                  |                               |               |  |     | +135=               |                        | OR | +270=                      |  |  |
|   |  |   |                                  |                               |               |  | L   | TOTAL               |                        | OR | TOTAL                      |  |  |
|   |  | ,   | ADDIT. FEE                       |                               | ]             | ADDIT. FEE                                   |     |                     |                        |    |                            |  |  |
|   | <u> </u>   | (Column 1) CLAIMS                         | ٠                                | (Colu                         | HEST          | (Column 3)                                   | 7 r |                     | ADDI-                  | ]  |                            | ADDI-  |  |
| <u>⊬</u>  |  | REMAINING<br>AFTER                        |                                  |                               | BER<br>OUSLY  | PRESENT<br>EXTRA                             |     | RATE                | TIONAL                 |    | RATE                       | TIONAL                                       |  |
| AER   | E S. O. S. O | AMENDMENT                                 | , ,                              | PAID                          | FOR           | <u> </u>                                     | ╢╟  |                     | FEE                    |    | -                          | FEE  |  |
| AMENDMENT   | Total  | *   | Minus                            | **                            |               | =  |     | X\$ 9=              |                        | OR | X\$18=                     |  |  |
| W 8   | Independent  | *   | Minus                            | ***                           |               | =  |     | X40=                |                        | OR | X80=                       |  |  |
| •   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                  |                               |               |  |     |                     |                        | Un |                            |  |  |
| ,   |  |   |                                  |                               |               |  | İ   | +135=               |                        | OR | +270=                      |  |  |
|   |  |   |                                  |                               |               |  |     | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE        |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                  |                               |               |  |     |                     |                        | -  |                            |  |  |
|   | <del>-</del>   | (Column 1)<br>CLAIMS                      | <u> </u>                         | HIGI                          | HEST          | Ť  | ה'  | <del></del>         | ADDI-                  | 1  |                            | ADDI-  |  |
| II C  |  | REMAINING<br>AFTER                        |                                  |                               | MBER<br>OUSLY | PRESENT<br>EXTRA                             |     | RATE                | TIONAL                 |    | RATE                       | TIONAL                                       |  |
| AR.   |  | AMENDMENT                                 | <u>.</u>                         | PAIC                          | FOR           | ļ  | ╢╟  |                     | FEE                    |    | <b></b>                    | FEE  |  |
| AMENDMENT C   | Total  | *   | Minus                            | **                            |               | =  | ╣║  | X\$ 9=              |                        | OR | X\$18=                     |  |  |
| MM  | Independent  | *   | Minus                            | ***                           |               | <u>                                     </u> | ╢║  | X40=                |                        | OR | X80=                       |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                  |                               |               |  |     |                     |                        | 0  |                            |  |  |
|   |  |   |                                  | ,                             | <b>"O"</b>    | · b · 0                                      |     | +135=               |                        | OR | +270=                      | <u>                                     </u> |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |  |   |                                  |                               |               |  |     |                     |                        |    |                            |  |  |
| **  | If the "Highest Nu   | mber Previously Pumber Previously P       | aid For" IN TH                   | IS SPACE                      | is less that  | an 20, enter "20                             | )." | ADDIT. FEE          |                        | OR | ADDIT. FEE                 |  |  |